Air Combat - Air Mobility - Special Operations Commands

MEFPAK BRIEF

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HQ AMC/SGSL
HQ ACC/SGXL
HQ AFSOC/SGXL

This Briefing is Classified:

UNCLASSIFIED

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Outline

- What is the MEFPAK?
- MEFPAK Consolidation
- MEFPAK Responsibilities
- What is the MEFPAK Playbook?
- Pilot Unit Responsibilities
- ACC Initiatives
- AMC Initiatives
- AFSOC Initiatives
- Summary

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What is MEFPAK?

- **MEFPAK = Manpower and Equipment Force Packaging System**

- **MEFPAK is a *Process***
  - **For developing standard, predefined manpower and equipment force packages designated by a 5-character alphanumeric designator called a unit type code (UTC)**
  - **Details contained in 2 components:**
    - **Manpower Force Packaging System (MANFOR)**
    - **Logistics Force Packaging System (LOGFOR)**

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MEFPAK Consolidation
(Historical Perspective)

- **Air Staff Initiative to re-invigorate AFMS Manpower & Equipment Force Packaging (MEFPAK) process**
- **Issues**
  - **Lack of Long Range Readiness Strategic Plan of Action**
  - **Greater Focus on Deployment & Training of Forces**
  - **Better "AFMS Enterprise Focus" on Capabilities, Requirements, Modernization, Funding, and Testing**
- **Re-aligned with CAF/MAF and SOF**

MEFPAK Consolidation (Historic and Now)

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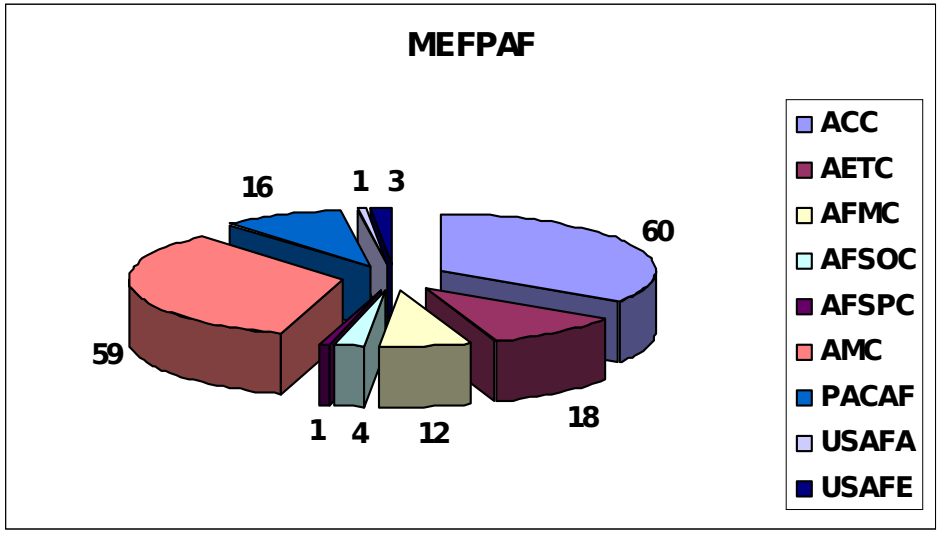
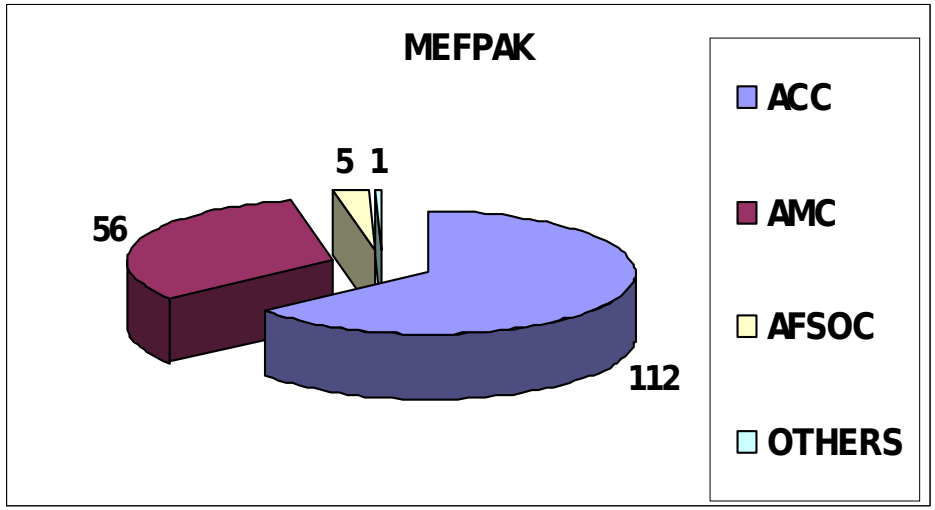


- Historic MEFPAKs by MAJCOM



- Current MEFPAKs by MAJCOM

MEFPAK Consolidation (Advantages/CONS/Issues)

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ADVANTAGES

- **Allows Greater Mission Focus for Those Commands Relieved of MEFPAK Responsibility**
- **Better Utilization of MAJCOM Staffing (MEFPAK and Non-MEFPAK)**
- **Greater Focus on Deployment & Training of Forces**

ISSUES

- **XP/XO/DO communities are warning us against having Pilot Units in different MAJCOMs than the MEFPAK**
- **Current systematic approval processes for LOGDETs and MANFOR changes/updates would be effected (i.e. In LOGMOD, ACC can only approve ACC Pilot Unit LOGDET's)**

CONS

- **Cross-Command Management**
  - **MEFPAK to Pilot Unit**
- **Disagreements between MAJCOMS on MANPOWER, LOGDETs and taskings**
- **Loss of Direct AF/SGX "control"**

MEFPAK Responsibilities

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- Review, validate and enhance current UTC's capability
- Coordinate, develop and propose new UTCs
- Appoint Pilot Unit based on UTC criteria and in coordination with MAJCOM
- Work with AFMSA/SGPX, AFMSA/SGSL, Air Staff Medical FAM, Pilot Unit Staff, Theater Planners and others to review new technologies, equipment, supply items, assigned personnel strength and mix
  - Draft new or changes as needed to MANFOR, LOGDET, Allowance Standards (AS), CONOPS, Training Plans, etc.
- Coordinate changes/additions to existing UTCs (manpower, equipment, CONOPS) with using commands
- Review/analyze quarterly MANFOR and LOGFOR updates
- Brief AF/SG Annually on AFMS MEFPAK Status

MEFPAK Responsibilities

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- Report UTC Status to all MAJCOMs
- Coordinate with Functionals CONOPS for all UTCs
- Member of Functional Area Working Group (FAWG)
- Develop and coordinate “Playbook” Requirements
  - MISCAP, TTP and Doctrine
  - METLs, Training Plan
  - Sustainment Funding Profile
  - UTC Mission Assessment
  - Gap Analysis, MNS/ORDs
  - Modernization Plan: FINPLAN, POM Input, 2020 Vision

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MEFPAK "Playbook"

MISCAP
& TTP
& DOCTRINE

PERSONNEL,
METLs
&
TRAINING PLAN

ALLOWANCE
STANDARD
&
SUSTAINMENT
FUNDING
PROFILE

UTC
MISSION
ASSESSMENT
BY
PILOT UNIT

GAP ANALYSIS
&
MNSs/ORDs

MODERNIZATION
PLAN

FINPLAN
POM INPUT
2020 DREAMS

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PILOT UNIT RESPONSIBILITIES

- **Develop and maintain AFSC, manpower, training plans, and logistics detail for each assigned UTC**
  - **Reviews, submits, and coordinates manpower, AFSC, MISCAP, LOGDET, AS, CONOPS, training plans, changes through MAJCOM/MEFPAK**
  - **Organizes, coordinates, and conducts Form, Fit, and Function exercises to test changes personnel and equipment for assigned UTCs**
  - **Reviews and tests new technologies and proposed changes to equipment for assigned UTCs**

ACC Initiatives - EMEDS

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- **Block 11 Changes (Minor changes from OEF/OIF Lessons Learned)**
  - Personnel (PSNL)
    - Add Systems Tech and Grp Supt Positions to FFEP2
    - MSC Grade Change from Capt to Maj; must have Log/Readiness Experience
    - Remove Dental Personnel from FFEP2, 3, 4
  - Equipment
    - Addition of Deployable Oxyge (DOS)
    - Deletion of the SPEARR Traile
    - Move the Dental chair to Basi
  - Scheduled for FY05

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EMEDS Cont.

- **PAM**
  - Personnel (PSNL)
    - Ramped-up FFGL2 to provide more robust Advon
      - **(1-RAM/048A3, 1-PHO/043H3, 1-BEE/043E3A, 1- IDMT/4N071/496)**
    - Changed FFGL3 to 1 Bee tech and 1 PH tech
    - Changed FFGL4 to 2-Bee techs 4B071/4B051, 1-PH tech/4E051 (4B051 to 4E051 substitutable)
  - Equipment
    - FFGL5 - 1 Pallet, 2 Tons
    - FFGL6 - 1 Pallet, 2.5 Tons

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Blood Program

- **TBTC Block 20 – Transforms Cold War capability to a modular Expeditionary System**
  - TBTC (Cold War capability - 7200 Units of RBCs/day)
    - 12 member team (1- Lab officer, 5 Admin, 3 Log, 1 BMET, 2 Lab techs)
    - Equipment - 19 Pallets, 44 Tons
  - Expeditionary Blood Transshipment System - 3000 Units of RBCs/day
    - Three EBTS personnel UTCs (FFBP1, FFBP2, FFBP3)
      - **FFBP1 – 4 members (1 Lab officer, 2 Lab techs, 1 Log)**
      - **FFBP2 – 2 members team (2 lab techs)**
      - **FFBP3 – 3 members team (2 lab techs, 1 Log)**
    - Equipment – 4 Pallets, 8 Tons

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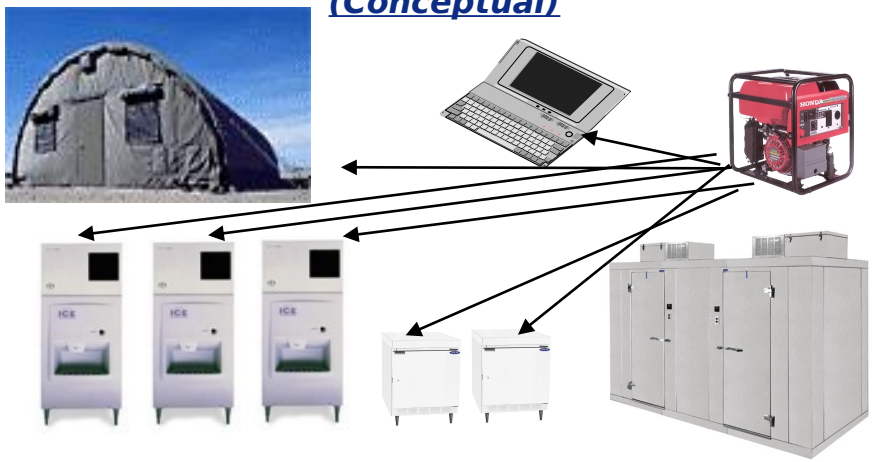
Blood Program Comparison

TBTC Capability

- TEMPER Tent/ISO shelter Based
- Military Unique (R&D) Technology
  - Daily Capacity of 7200 liquid RBCs
- 100kw (MEP7) Diesel Generator
- Manual Forms
- 12 member team (wrong AFSC mix)
- No flexibility, Not Expeditionary

EBTS Capability

(Conceptual)



- Small Shelter Based (1-Alaskan Tent)
- COTS Technology
  - Daily Capacity of 3000 liquid RBCs
- Portable Diesel Generator
- TDBSS and other Info Systems Manual Forms
- 3 modular teams (max 9 paxs) - Lab centric

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Expeditionary CBRNE

- **Medical NBC (MNBC) (FFGL1/FFGL7)**
  - Block 20 - Builds commander situational awareness through real time medical detection, analysis and identification.
    - Supports medical role in counter CW CONOPS
    - Quadruples CBRN defense capability
    - F3 Completed
    - Production Scheduled for 4th Qtr FY04 thru FY05

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Expeditionary CBRNE Cont-

- **Expeditionary Medical Decontamination Team (EMDT) (FFGLA/FFGLB)**
  - Block 20 – Reduces contaminants through use of Small Shelter Patient Decontamination System (SSPDS)
    - F3 Completed, TTP rewritten, AS approved
    - Production Scheduled for 4th Qtr FY04/FY05

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Specialized Sets

- **Newly Registered UTCS**
  - Dental Forensics Team (FFDID)
    - 3 dental officers/047G3A, 4 dental enlisted/4Y071
  - Optometry Team and Associated Equipment (FFDOT/FFDO1)
    - 1 Optometrist, 1 tech
  - Dental Augmentation Team (FFFOC)
    - 1 dental officer/047G3A, 1 dental enlisted/4Y071

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Modernization

- **Deployable Oxygen System (DOS)**
- **Aeromedical Deployed Record and Reporting System (ADRRS)**
- **Field Intravenous Solution Reconstitution (FIVR)**
- **Haemostatic Agent for Lifesaving (HEAL)**
- **Blood Oxygenation System (BO_2S)**

AMC Initiatives – Contingency Aeromedical Staging Flight (CASF)

- Current ASF Does Not Address Changing AE Staging Capability Mission Requirements
- CASF Developed to Expand Cold War-Era Unit Type Code (UTC)
  - Modular, Scalable
  - Complements and Buttresses AE System and EMEDS Ground Components to support Medical Care in Theater and Fixed Facilities in CONUS Supporting ICMOP
  - Block 10 Changes (Major Change - OEF/OIF Lessons Learned)
    - Only 14 Out of 223 Line Items Transfer to New UTC
    - Can Be Stand Alone UTC w/Alaskan Tentage or Utilize Building of Opportunity
    - Scheduled for FY05

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CASF Continued

- 25 Bed UTC F3 Conducted 10 – 15 June 04, Augusta, GA
- 2 Personnel UTCs: 12 member command UTC & 24 nursing function
- Equipment - 7 Pallets, 25 Tons
- Allowance Standard Pending Approval by AMC/SG; Validation and Approval by AFMSA

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Reengineered Allowance Standards (AS) Submitted to AFMSA

- Reengineered ASs Submitted to AFMSA Pending Review/Approval
- Added Modernized Communication Capability
  - Aeromedical Evacuation Crew Mgt Cell (AECMC) – FFQS1
  - Aeromedical Evacuation Launch & Recovery (AELR) – FFQN1
  - Aeromedical Evacuation Command Element (AECE) – FFQC1
  - Aeromedical Evacuation Support Cell (AESC) – FFQC2
- Global Reach Laydown (GRL) – FFGRL
  - Minor Changes – Added RADIAC Set, Iridium Satellite Phone, & Hardig Shipping Containers
  - Deferred Addition of HAZMAT ID System Until FY05 Spend Plan – Solicit Funds for 16 Sets at $47K each

Deployable Oxygen System

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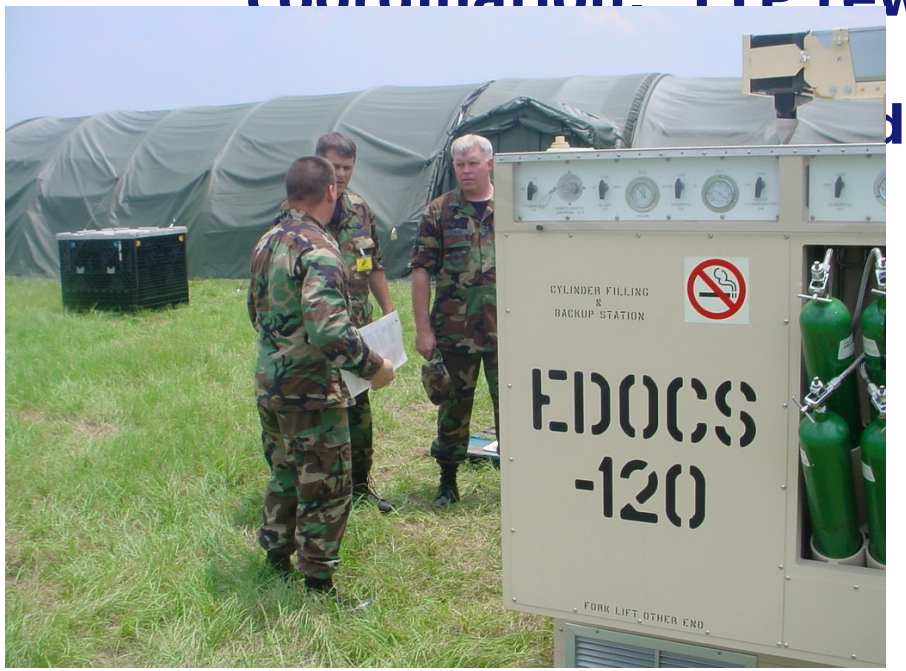
- Deployable Oxygen System package will support refill of MOST systems at key AE hub sites
- F3 Completed, MISCAP Written, AS out for lower-level coordination. TTP rewritten, pending

d for 4th Qtr FY04/FY05



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MODERNIZATION REQUIREMENTS

- In-Flight Patient Warming Kit
- Hand Held In-Flight Medical Imaging System
- MOST Oxygen Storage Tank System
- Patient Loading System Replaced by Transport Vehicle
- Patient Transport Isolation unit
- Patient Wrap
- AE-Certified Controlled Analgesic Pump and Glucometer
- ECAS Upgrade
- Frequency Converter

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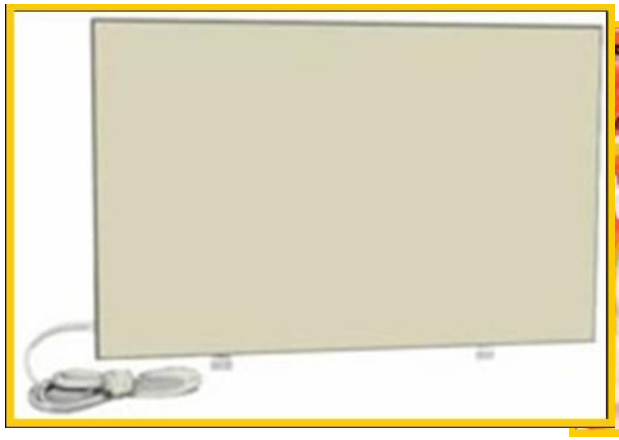
IN-FLIGHT PATIENT WARMING KIT

- Cope With Lower A/C Temperature
- Not A Therapeutic Requirement
- Different Solutions For Different Patient Needs
- COTS, Not A Development Effort
- Maintain Normothermia Not Treat Hypothermia
- 5 per AE Inflight Kit
- Allows Pts to Maintain Normal Body Temperature During Regulation



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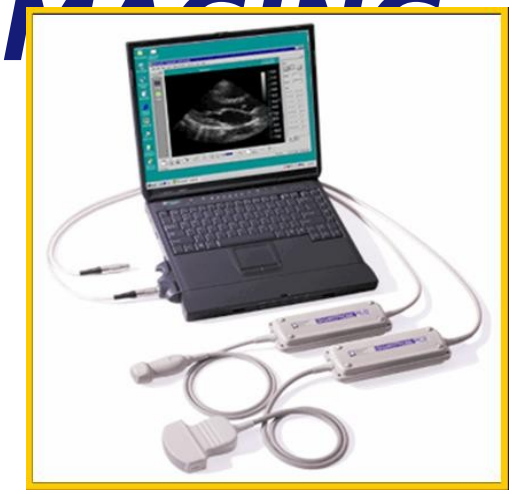
HAND-HELD IN-FLIGHT MEDICAL IMAGING

- Many COTS Options
- Key Issues:
  - Training
  - Military Hardening
  - Airworthiness
  - Diagnostic Utility Under Various In-Flight Conditions
  - 1 per CCATT kit



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MOBILE OXYGEN STORAGE TANK (MOST)

- High Pressure Gaseous Oxygen System
- Airworthiness Testing Almost Completed; FDA Approved
- Safe-to-fly Board Post Receiving DOT Approval Certificate
  - Storage Container
- 2 per AE Inflight Kit
- 2 per MASF & 3 per MASF Aug Kit
- 4 per Deployed Oxygen UTC
- TBD per CASF?

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PATIENT LOADING SYSTEM (PLS)

What We Have Today!

Tomorrow?

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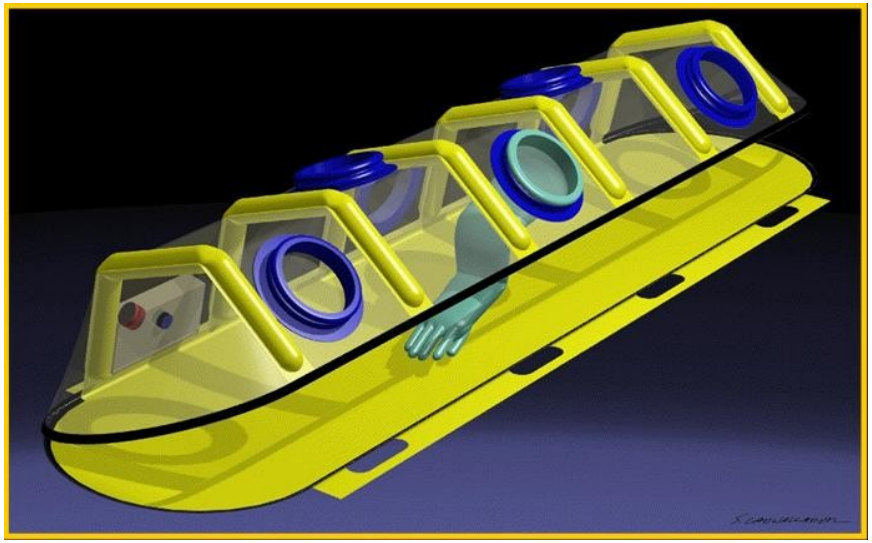
PATIENT ISOLATION UNIT (POD)

- Mission: Safe Transport & Management Of Biologically Contagious Patients
- Needed Characteristics
  - FDA Approved
  - "Deconable" Or Disposable
  - Air Exchange Capable
  - CW/BW Protected
  - Fits On NATO Litter
  - Airworthiness Certi
  - Man-Portable
  - May or May Not be



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Patient Wrap

- Self-contained Patient Transport Device
- Ability to Maintain Medical Oversight and Intervention
- Safe Regulation of Chemically-Contaminated Patients

r AE Inflight Kits

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Other Issues

- Direct Support to AE and SG Units for Iraq and Afghanistan
  - Established Deployed PMI Center at As Sayliyah
  - Trained Deployed Air Force and Army Personnel on Plexus System Operations and Barcode Tracking Disciplines for PMI
  - Authored Theater PMI Concept of Operations Document
  - Furnished Medical Equipment for Pre-positioning
  - Supports and Advocates for Theater-level Requirements
- Coordination with AMC/A3 (Operations) and A5 (Plans/Programs)
  - Critical to Support of Global AE Mission and Success
  - Continues Development of Assets Critical to Care of Warfighter during Regulation

A DAY AT THE OFFICE

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OUR MISSION

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OUR MISSION

AFSOC UTC CAPABILITIES

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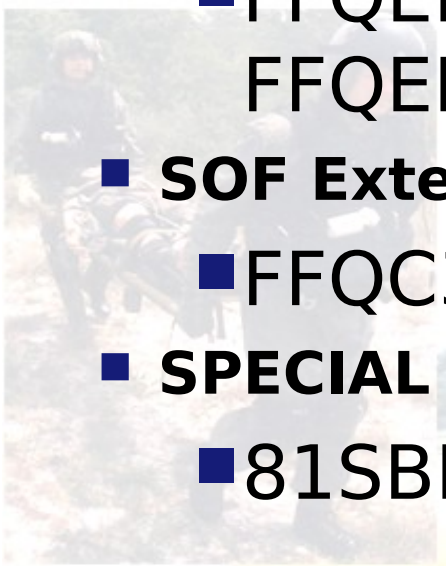
- **Capabilities based**
  - **SOF/CSAR Medical BOS/CASEVAC**
    - FFQEK, FFQEL, FFQEM, FFQEN, FFGK8, FFQER
  - **SOF Extended Reach**
    - FFQC3, FFQC4
  - **SPECIAL TACTICS/PJ Medical Support**
    - 81SBD, 81RSG



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AFSOC UTCs

FFQEK	SOF Med Element	Personnel
FFQEL	SOF Air Trans Treat Unit	Equipment
FFQEN	SOF Equip Aug	Equipment
FFGK8	SOF Med Element Aug	Pers/Equip
FFQEM	SOF Rap Response Deploy Kit	Equipment
FFQER Personnel	CSAR Med Element	
FFQC3	SOF MFST	Pers/Equip
FFQC4	SOF CCATT	Pers/Equip
81SBD	Special Tactics Ops Flt	Pers/Equip
81RSG	Special Tactics Med Resupply	Equip

FFQEM-912OFA-Medical Module

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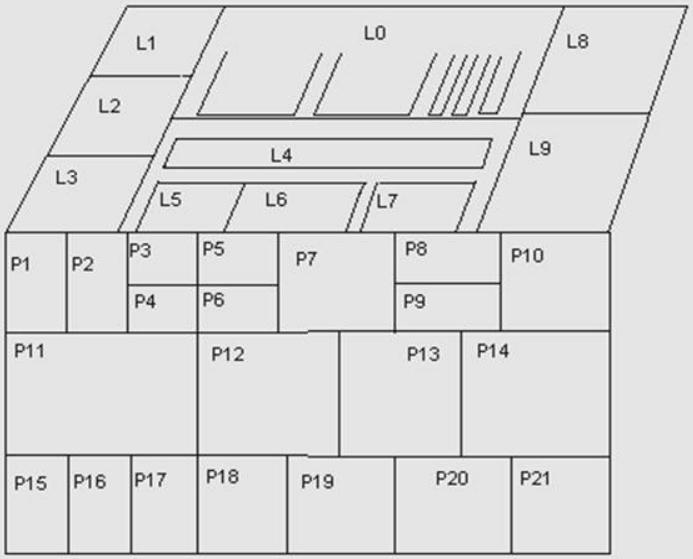

Pocket Layout for new Pelican Med module for RRDK 10

MED 10 – Pelican Diagram

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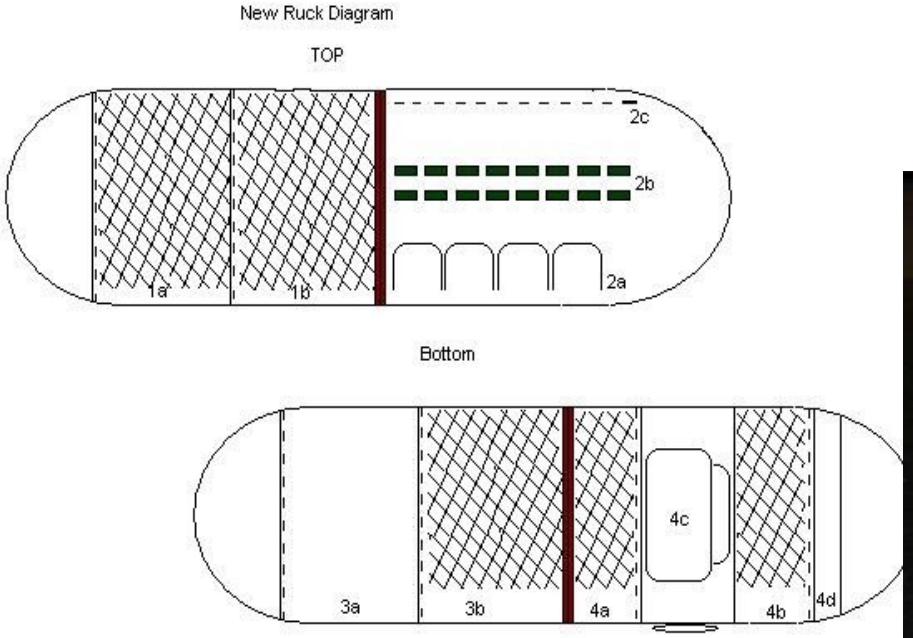
FFQEM-912OAA-BACKPACK



AFSOC MEFPAK Initiatives

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- SOF/CSAR MEDICAL BOS/CASEVAC
  - Advanced patient monitoring/diagnostics
  - Enhanced Air Transportable Treatment Unit
  - Real time hazard mitigation
  - Remote patient monitoring
- SOF EXTENDED REACH
  - Mobile, protective surgical suite
  - Post-op patient care/holding
- SPECIAL TACTICS/PJ MEDICAL SUPPORT
  - STS medical equipment update

SOF/CSAR Medical BOS/CASEVAC Mission

- **FFQEL, FFQEM, FFQEN, FFGK8**
- **BLOCK 10**
  - **Support equipment modules for FFQEK. Provide equip/facilities for primary and emergency care for up to 30 days and support in-flight casualty management, secure voice/data communications, and pt diagnostics. Also provide basic public health, bioenvironmental, and limited patient decontamination capabilities.**
- **BLOCKS 11/20**
  - **Updates provide wider spectrum of capabilities to include advanced pt monitoring, diagnostics, water purification, oxygen production, and industrial hazard mitigation. Module compatible with CV-22 weight/cube limitations.**

SOF Extended Reach-Mission Mobile, Protective Surgical Suite

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- **FFQC3 BLOCK 10**
  - **Resuscitative surgery and advanced trauma life support for 20 casualties for up to 48 hours of continuous operation. Requires shelter for operations. Self-sufficient for 48 hours, requires BOS for extended operations.**
- **FFQC3 BLOCK 11**
  - **Add mobile, self-contained, environmentally controlled, chemical-protective surgical suite for extended reach support of SOF operations.**

STS Medical Equipment Support

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- **81SBD BLOCK 10**
  - **Combat personnel/equipment required to conduct search and recovery; casualty care, treatment, staging, and evacuation; technical extrication; and high/low angle rescue.**
- **81SBD BLOCK 11**
  - **Adds oxygen, casualty warming, patient sensing, remote casualty location/assessment, and telemedicine capabilities**

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